## L1200090557

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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Charles Jarus Name of Person
	Firm/Company
	1700 N Divie Highway Suite 133
	Pour Roton FL 33432
	City/State and Zip Code  Charles in Vis V a unop com  E-mail address (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
_(	Chorles Jarvis  Name of Person  at (857) 225 1948  Area Code Daytime Telephone Number
	Name of reison Area code Dayunte reiephone Number
Enclos	sed is a check for the following amount:
\$2.	5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Viral Markating	<u>Service</u>	<u>y U</u>		
(Name of the Limited Linb (A Flori	da Limited Liabili	ty Company	y)	
The Articles of Organization for this Limited Liability Florida document number \( \bigcup_ \frac{120000}{905} \)	y Company were <u><b>ダ</b>フ</u> .	filed on 1	1/12/13 and assigned	ed .
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the large transfer of t	IC			reviation
"L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET AD		140 Delray	Sw 7th ave Beach Fl 33444	Secretary of the second of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		140 Del rey	Sw 7th ove 5 Derch FI 3344	<del></del>
B. If amending the registered agent and/or re registered agent and/or the new registered office a		address o	n our records, <u>enter the name of t</u>	the new
Name of New Registered Agent:				
New Registered Office Address:	440	Sw	2th wc. Enter Florida street address	
$\mathcal{C}$	plan Bre		Florida 33444	
	Cit	y	Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

1

MGR = Manager

AMBR = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	ype of Action
WORM	Frenk P Janis	1100 Sw 4th St apt 17c Dolony Beach FI 33434	Add
WC BW	Charles E Jonis III	4840 Northland Dr Atlanta Ga 300043024	
			Add ERemove
	<del>-,</del>		Add
	······································		AddRemove
			Add Remove

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ective date, if other the	an the date of filing: (optional) the date must be specific and cannot be more than 90 days after filing.) (605.0
ective date, if other the effective date is listed, t	an the date of filing: (optional) ne date must be specific and cannot be more than 90 days after filing.) (605.0
ective date, if other the effective date is listed, t	an the date of filing: (optional) see date must be specific and cannot be more than 90 days after filing.) (605.0

Page 3 of 3

Filing Fee: \$25.00

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